

## Collaborative Partners...



## Contact Information...

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WESP-DHH is a program of the Wisconsin Department of Public Instruction, Division for Learning Support: Equity and Advocacy.



**Wisconsin**  
**Infant & Children's**  
**Statewide**  
**Hearing Aid**  
**Exchange**  
**Service**

[www.wesp-dhh.wi.gov/programs/wishes.htm](http://www.wesp-dhh.wi.gov/programs/wishes.htm)

[wishes@wesp-dhh.wi.gov](mailto:wishes@wesp-dhh.wi.gov)

## Purpose...

\* The WISHES program will provide hearing instruments for a 6 month loan period to newly identified deaf and hard of hearing children (up to 18 years) who are not Medicaid eligible or do not have other hearing aid insurance coverage.

\* Children ages 0-3 will be given priority.

\* The purpose of the program is to assure that all children identified with a hearing loss have access to auditory development of the brain through high quality hearing instruments soon after identification.

\* Families may only access the program through their clinical audiologist.

\* This **temporary assistance** is intended to bridge the gap between identification of a hearing loss and obtaining the financial means to purchase personal amplification or for children awaiting cochlear implant surgery.

## Process...

1. Pediatric Audiologists will identify the need for hearing instruments and determine if funding exists through medical assistance or private insurance.

2. Audiologist submits an **Amplification Request Form** indicating the device/s they are requesting and a **Parent Use Agreement** signed by the family indicating that they may be held financially responsible for loss or damage to the amplification devices. The audiologist will submit the forms to WISHES.

3. The audiologist may also request one package of batteries per hearing aid, one set of custom ear molds, and one Parent Care Kit from WISHES.

4. Fitting Fees are not covered by the WISHES Program at this time.

5. Hearing instruments dispensed through this program remain the property of WISHES and must be returned after six months unless negotiated with the WISHES Coordinator.

6. WISHES retains the right to refuse applications for assistance.



## Information Request...

Please send or email the following information to Stacie Heckendorf to be included in any WISHES updates:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

School/Clinic: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Send to:** Stacie Heckendorf  
WISHES  
124 2nd Street #11  
Baraboo, WI 53913